

## **REQUEST FOR EXCEPTION TO CLAIM DENIAL POLICIES AND PROCEDURES FOR PAYMENT**

First Steps will pay Providers the amount they have been denied on claims with a denial code 12 (Authorized Procedure Limit Exceeded) associated with the new method of calculation, processed at the Central Reimbursement Office within the dates of February 27 and July 31, 2001.

These exception requests will only be honored if submitted no later than September 30, 2001.

Providers will need to go to the FSSA web site, print the **Request for Exception to Claim Denial** form and complete it.

Providers will need to submit a separate form for each claim denied.

Before Becky Nunez at the Central Reimbursement Office will be able to make the necessary adjustments, the Providers will need to mail her the following:

1. A signed, completed copy of the **Request for Exception to Claim Denial** form.
2. Enclose a copy of the Authorization/Billing document originally submitted, making sure to check Yes for Re-submission. (If billing was originally electronically submitted, a signed , paper Authorization/Billing document must be prepared and submitted).

Once the Provider has completed Steps 1 and 2, they will need to mail documents to:

Attention: Becky Nunez  
Central Reimbursement Office  
PO Box 29134  
Shawnee Mission, KS 66201-9134

If you need to contact Becky:

Email [Beckyn@pdainc.com](mailto:Beckyn@pdainc.com)  
Telephone: 1-800-786-7909 ext 7132

# REQUEST FOR EXCEPTION TO CLAIM DENIAL FORM

These exception requests will be honored if submitted no later than September 30, 2001.

Date: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Claim Number: \_\_\_\_\_ *(Required)*

**\*\* The request can not be processed without a Claim number. \*\***

Facility Name: \_\_\_\_\_

**The request must be submitted by mail with a separate REQUEST FOR EXCEPTION TO CLAIM DENIAL form per denied Claim. Each form must be signed, have a Claim number and a copy of the originally submitted Authorization/Billing document before it can be processed by the Central Reimbursement Office. (NOTE: IF BILLING WAS ORIGINALLY SUBMITTED ELECTRONICALLY A PAPER AUTHORIZATION/BILLING DOCUMENT MUST BE PREPARED AND SUBMITTED SIGNED.)**

**No request will be accepted via fax.**

I am requesting payment on the above detailed claim that was previously denied with a reason code of 12 (Authorized Procedure Limit Exceeded).

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***Providers Signature***

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***This area is for Central Reimbursement Office use only***

Date claim form received at CRO \_\_\_\_\_

Date adjustment completed \_\_\_\_\_

Date of next check update \_\_\_\_\_

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